

52430

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Franklin Registration District No. 392 File No. 22828
Township _____ Primary Registration District No. 6187 Registered No. 1626
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Thos. D. Jones Did Deceased Serve in _____
U. S. Navy or Army
(a) Residence. No. Cuyahoga Co., O. St., _____ Ward. Cuyahoga Co. Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edith Jones (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 49 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penitentiary

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Thomaston, Ohio

13. NAME John D. Jones

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT The Signature of L. A. Vaughan and (Address) Columbus, Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Date 4-24-30

19. UNDERTAKER C. S. Fisher & Co. (Address) 2492 H.

19a. Was body embalmed Yes Embalmer's No. _____

20. FILED 4-23-30 J. W. Kelgan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on 6-19-30 death is said to have occurred on the date stated above at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: _____ Date of onset _____

Conflagration
Ohio Penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Joseph A. Murphy M. D.
(Address) 1450 Mt Vernon Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.